

OFFICIAL RECORD

Requested By:
JOSEPH TILLSON

Document Transfer Tax \$0
Assessor's Parcel No. 1320-33-816-033

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00
BK-0511 PG-4472 RPTT: 0.00

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
Edward A. Wright, Trustee
2241 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150



The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

EDWARD A. WRIGHT, of legal age, being first duly sworn, deposes and says:

That WALTER WILLIAM MOHRDICK III, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant Deed dated November 1, 2008, executed by KATHERINE GOULD, SUCCESSOR TRUSTEE OF THE 1988 MOHRDICK LIVING TRUST DATED OCTOBER 20, 1988, wherein the decedent is the settlor of THE MOHRDICK 2008 REVOCABLE TRUST ESTABLISHED SEPTEMBER 24, 2008, as well as the beneficiary and trustee under said trust; it being further acknowledged that EDWARD A. WRIGHT is the successor trustee under said declaration of trust on the death of WALTER WILLIAM MOHRDICK III.

The original Grant Deed aforementioned is recorded as Document No.0732911, on November 12, 2008, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the city of Gardnerville, County of Douglas, State of Nevada:

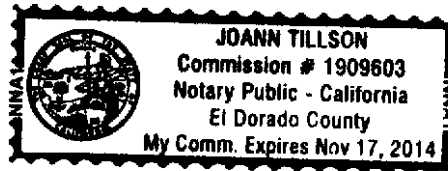
Lot 50, in Block C, as shown on the Final Subdivision Map No. 1006-11 of CHICHESTER ESTATES PHASE II, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 2002, in Book 1202, Page 12732, as Document No. 562225.

Dated: 5/20/11

EDWARD A. WRIGHT

State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 20th day of May 2011
by EDWARD A. WRIGHT, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011001101
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Walter William MOHRDICK III		2. DATE OF DEATH (Mo/Day/Year) January 09, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) April 03, 1951	
7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. Hispanic Origin? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Electric Company	
14c. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1345 East Marion Russell Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter W MOHRDICK II			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT - NAME (Type or Print) Ed WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2241 Lake Toe Blvd South Lake Tahoe, California 96150			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Holy Cross Cemetery		19c. LOCATION City or Town State Colma California	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitz-Henry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LAURENCE GEORGE GAY M.D. <i>SIGNATURE AUTHENTICATED</i>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) January 13, 2011		21c. HOUR OF DEATH 08:18		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gay, Laurence George		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871.			
23b. LICENSE NUMBER 5152		24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I				Seconds	
(a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Minutes	
(b) Myocardial Infarction				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Years	
(c) Coronary Artery Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Years	
(d) Hypertension				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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PG- 4473
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VR9-Rev-20110104

30790 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 01/31/2011

Rnd White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

